

# EMERGENCY PREPAREDNESS TEMPLATE

\*This template is designed to help facilities keep track of emergency preparedness information. The fields can be typed in online or the form can be printed out and done by hand. To save the information, print when done filling out, then do a save as and rename document.

|  |                |
|--|----------------|
| FACILITY:                                | LICENSE #:     |
| DATE OF ORIGINAL DOCUMENT:               | REVISION DATE: |
| Authority Having Jurisdiction:           | APPROVAL DATE: |
| Authority Having Jurisdiction SIGNATURE: |                |
| Authority Having Jurisdiction:           | APPROVAL DATE: |
| Authority Having Jurisdiction SIGNATURE: |                |
| Authority Having Jurisdiction:           | APPROVAL DATE: |
| Authority Having Jurisdiction SIGNATURE: |                |

## I. FACILITY INFORMATION

|                                |                           |          |
|--------------------------------|---------------------------|----------|
| Name                           |                           |          |
| License Type                   | License Number<br>#       |          |
| Address                        |                           |          |
| City                           | State<br>New Hampshire    | Zip Code |
| Phone Number<br>(603)-       - | Fax<br>(       )-       - |          |

| Administrator          | Alternate Point of Contact |
|------------------------|----------------------------|
| Name                   | Name                       |
| Mobile Phone Number    | Mobile Phone Number        |
| Alternate Phone Number | Alternate Phone Number     |
| E-Mail Address         | E-Mail Address             |

| EMERGENCY CONTACT NUMBERS – DIAL 911 IN AN EMERGENCY |                                     |
|--|-------------------------------------|
| Non-Emergency Police                                 | Non-Emergency Fire                  |
| Poison Information Center                            | Hazardous Material / Spill Clean-Up |
| Public Health Department                             | NH Red Cross                        |
| Electrical Power Provider                            | Natural/Propane Gas Supplier        |
| Water Department                                     | Telephone/Cable Company             |
| Waste Water Department/Plumbing Services             | Insurance Provider<br>Name:         |
| NH DHHS  | Other:                              |
| Other:   | Other:                              |

**Prevention Plan:**

**Protection Plan:**

**Mitigation Plan:**

**Physical Plant Risk Assessment Completed:**

If n/a, please explain:

**Physical Plant Risk Assessment Criteria:**  
(Attach Checklist)

## II. ESSENTIAL FUNCTIONS

| ESSENTIAL FUNCTIONS              |   |
|----------------------------------|---|
| <b>CLIENT CARE</b>               | <i>Example</i><br>Preparing all meals for residents                   |
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |
| <b>FACILITY OPERATIONS</b>       | <i>Example</i><br>Residential room cleaning and disinfection          |
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |
| <b>ADMINISTRATIVE OPERATIONS</b> | <i>Example</i><br>Purchasing essential equipment and supplies         |
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |
| <b>EMERGENCY RESPONSE</b>        | <i>Example</i><br>Internal communications – communications with staff |
|                                  |   |
|                                  |   |
|                                  |   |
|                                  |   |

### III. CRITICAL RESOURCES

| ESSENTIAL FUNCTIONS |  | CRITICAL RESOURCES                         |                                    |   |   |  |
|---------------------|--|--|------------------------------------|---|---|--|
|                     |  | HUMAN RESOURCES                            |                                    | VITAL RECORDS                             | EQUIPMENT                                     | SUPPLIES                                   |
|                     |  | Number of staff who could perform function | Cross training of staff needed (√) | Vital records necessary for this function | Equipment necessary for this function         | Supplies necessary for this function       |
| RESIDENT CARE       | <i>Example: Preparing resident meals</i> | 2  | √                                  | Dietary orders for each resident          | Kitchen facilities: fridge, stove, oven, sink | Fresh foods, canned and dried foods, water |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
| FACILITY OPERATIONS |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
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|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |
|                     |  |  |                                    |   |   |  |

| ESSENTIAL FUNCTIONS       |  | CRITICAL RESOURCES                         |                                    |   |                                       |                                      |
|---------------------------|--|--|------------------------------------|---|---------------------------------------|--------------------------------------|
|                           |  | HUMAN RESOURCES                            |                                    | VITAL RECORDS                             | EQUIPMENT                             | SUPPLIES                             |
|                           |  | Number of staff who could perform function | Cross training of staff needed (√) | Vital records necessary for this function | Equipment necessary for this function | Supplies necessary for this function |
| ADMINISTRATIVE OPERATIONS |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
| EMERGENCY RESPONSE        |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |
|                           |  |  |                                    |   |                                       |                                      |

#### IV. HAZARD VULNERABILITY ASSESSMENT

##### *Hazard Vulnerability Assessment Worksheet (page 1 of 2)*

| EVENT                            | SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)  |  |  |  | RANK<br>(5) |
|----------------------------------|--|--|--|--|-------------|
|                                  | PROBABILITY<br>(1)                             | HUMAN<br>IMPACT<br>(2)                         | PROPERTY<br>IMPACT<br>(3)                      | BUSINESS<br>IMPACT<br>(4)                      |             |
|                                  | Likelihood this<br>will occur                  | Possibility of<br>death or injury              | Physical losses and<br>damages                 | Interruption of<br>services                    |             |
| <b>SCORE</b>                     | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High |             |
| <b>Natural Hazards</b>           |  |  |  |  |             |
| Severe Thunderstorm              |  |  |  |  |             |
| Ice Storm                        |  |  |  |  |             |
| Blizzard                         |  |  |  |  |             |
| Excessive Heat                   |  |  |  |  |             |
| Excessive Cold                   |  |  |  |  |             |
| Flood                            |  |  |  |  |             |
| Tornado                          |  |  |  |  |             |
| Earthquake                       |  |  |  |  |             |
| Other (specify)                  |  |  |  |  |             |
| <b>Technological Hazards</b>     |  |  |  |  |             |
| Electrical Failure               |  |  |  |  |             |
| HVAC Failure                     |  |  |  |  |             |
| Gas Leaks                        |  |  |  |  |             |
| Water Failure                    |  |  |  |  |             |
| Communications and/or IT Failure |  |  |  |  |             |
| Other (specify)                  |  |  |  |  |             |

ADDITIONAL INFORMATION: Please use this area to provide additional information and to clarify “Other” areas chosen above.

*Hazard Vulnerability Assessment Worksheet (page 2 of 2)*

| EVENT                                 | SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)  |  |  |  | RANK<br>(5) |
|---------------------------------------|--|--|--|--|-------------|
|                                       | PROBABILITY<br>(1)                             | HUMAN<br>IMPACT<br>(2)                         | PROPERTY<br>IMPACT<br>(3)                      | BUSINESS<br>IMPACT<br>(4)                      |             |
|                                       | Likelihood this<br>will occur                  | Possibility of<br>death or injury              | Physical losses and<br>damages                 | Interruption of<br>services                    |             |
| SCORE                                 | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High | 0 = N/A<br>1 = Low<br>2 = Moderate<br>3 = High |             |
| <b>Human Hazards</b>                  |  |  |  |  |             |
| Bomb Threat                           |  |  |  |  |             |
| Active Shooter                        |  |  |  |  |             |
| Jail Escape                           |  |  |  |  |             |
| Civil Disturbance                     |  |  |  |  |             |
| Unexplained<br>Participant<br>Absence |  |  |  |  |             |
| Other (specify)                       |  |  |  |  |             |
| <b>Biological Hazards</b>             |  |  |  |  |             |
| Epidemic<br>(i.e., Flu)               |  |  |  |  |             |
| Norovirus                             |  |  |  |  |             |
| Other (specify)                       |  |  |  |  |             |
| <b>Radiological Hazards</b>           |  |  |  |  |             |
| Nuclear Power<br>Plant Release        |  |  |  |  |             |
| Radiological<br>Release               |  |  |  |  |             |
| Other (specify)                       |  |  |  |  |             |
| <b>Chemical Hazards</b>               |  |  |  |  |             |
| Within the Facility                   |  |  |  |  |             |
| Outside of the<br>Facility            |  |  |  |  |             |
| Other (specify)                       |  |  |  |  |             |

ADDITIONAL INFORMATION: Please use this area to provide additional information and to clarify “Other” areas chosen above.



### *Building Security / Safety Issues*

Attach egress plan.

All staff has been issued a photo identification badge.

The facility has a supply of vests, baseball caps, or hardhats for ease of recognition of personnel that will be sufficient for the number of personnel who would be involved in the emergency operations plan. The color and type of identification has been submitted for initial approval to the local AHJ when the Emergency Preparedness Plan was originally submitted on .

Security staff will be provided with a list of designated family or guardian members who will be allowed access to building(s) with photo identification.

Security staff will be provided with a list of designated volunteers who will be allowed access to building(s) with photo identification.

Emergency vehicles will have access at:

Support agency vehicles will have access at:

Delivery vehicles will have access at:

Other Information:

| <b>Safety Area</b> | <b>Responsibilities</b>  | <b>Staff Responsible/Phone</b> |
|--------------------|--|--------------------------------|
| Building Security  | <ul style="list-style-type: none"><li>• Check and turn off gas (if odor detected or damage is evident) and electricity.</li><li>• Turn off water if pipes are broken or leaking.</li></ul> |                                |
| Fire Suppression   | <ul style="list-style-type: none"><li>• Check for and suppress small fires.</li><li>• Notify fire department.</li></ul>  |                                |
| Search and Rescue  | <ul style="list-style-type: none"><li>• Notify Fire Department</li><li>• Ensure everyone has evacuated if required.</li></ul>  |                                |
| First Aid          | <ul style="list-style-type: none"><li>• Administer first aid to injured persons.</li></ul>   |                                |

### *Critical Document Maintenance*

Mission Critical Files Update Frequency:

Additional Information:

Name of Person Responsible for Updating Information:

| <b>Mission Critical Files</b> | <b>Onsite Location</b> | <b>Offsite Location</b> | <b>Electronic (flash drive, local network, or Internet)</b> |
|-------------------------------|------------------------|-------------------------|---|
|                               |                        |                         |   |
|                               |                        |                         |   |
|                               |                        |                         |   |
|                               |                        |                         |   |

### *Business Continuity and Recovery Planning Team*

The following staff will participate in business continuity and recovery planning:

| <b>NAME</b> | <b>POSITION</b> | <b>EMAIL</b> | <b>MOBILE PHONE</b> |
|-------------|-----------------|--------------|---------------------|
|             |                 |              |                     |
|             |                 |              |                     |
|             |                 |              |                     |
|             |                 |              |                     |
|             |                 |              |                     |
|             |                 |              |                     |

### Coordination with Others

The following people from neighboring organizations, business and our building management will participate on our Disaster Planning Team:

| <b>NAME</b> | <b>ORG/BUSINESS</b> | <b>EMAIL</b> | <b>MOBILE PHONE</b> |
|-------------|---------------------|--------------|---------------------|
|             |                     |              |                     |
|             |                     |              |                     |
|             |                     |              |                     |
|             |                     |              |                     |
|             |                     |              |                     |
|             |                     |              |                     |

### Meeting Schedule

The Disaster Planning Team will meet on a regular basis

Additional information:

## **I. ESTABLISHING CHAIN OF COMMAND, ROLES AND RESPONSIBILITIES**

### **1. Incident Commander**

**Incident Commander:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

**Alternate Incident Commander:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

### **2. Public Information Officer**

**Public Information Officer:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

**Alternate PIO:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

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### **3. Liaison Officer**

**Liaison Officer:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

**Alternate Liaison Officer:**

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**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

#### 4. Safety Officer

**Safety Officer:**

---

**Phone Number:**

---

**Cell Phone Number:**

---

**E-mail:**

---

**Alternate Safety Officer:**

---

**Phone Number:**

---

**Cell Phone Number:**

---

**E-mail:**

---

#### 5. Operations Chief

**Operations Chief:**

---

**Phone Number:**

---

**Cell Phone Number:**

---

**E-mail:**

---

**Alternate Operations Chief:**

---

**Phone Number:**

---

**Cell Phone Number:**

---

**E-mail:**

---

#### 6. Logistics Chief

**Logistics Chief:**

---

**Phone Number:**

---

**Cell Phone Number:**

---

**E-mail:**

---

**Alternate Logistics Officer:**

---

**Phone Number:**

---

**Cell Phone Number:**

---

**E-mail:**

---

## 7. Administration/Finance Chief

**Administration/Finance Chief:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

**Alternate Admin/Finance Chief:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

## 8. Planning Chief

**Planning Chief:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

**Alternate Planning Chief:**

---

**Phone Number:** (       )       -       **Cell Phone Number:** (       )       -

---

**E-mail:**

---

Attach Job Action Sheets as needed.

Healthcare Partners Serving the Facility:

**On-Call Medical Provider**

**Name:** \_\_\_\_\_ **Title/Specialty:** \_\_\_\_\_

**Phone Number:** (       )       - **Cell Phone Number:** (       )       -

**E-mail:** \_\_\_\_\_

**Behavioral/Mental Health Provider**

**Name:** \_\_\_\_\_ **Title/Specialty:** \_\_\_\_\_

**Phone Number:** (       )       - **Cell Phone Number:** (       )       -

**E-mail:** \_\_\_\_\_

**Pharmacy Provider**

**Name:** \_\_\_\_\_ **Title/Specialty:** \_\_\_\_\_

**Phone Number:** (       )       - **Cell Phone Number:** (       )       -

**E-mail:** \_\_\_\_\_

*Partner Organizations*

| <b>Partner Organization</b>                   | <b>Contact Information</b>               |
|---|--|
| Local EMD                                     | Name:<br>Phone Number: (       )       - |
| Local Health or Welfare Department            | Name:<br>Phone Number: (       )       - |
| Local School Superintendent                   | Name:<br>Phone Number: (       )       - |
| Local Police Department (for non-emergencies) | Name:<br>Phone Number: (       )       - |
| State 2-1-1                                   | Name:<br>Phone Number: (       )       - |
| Other:  | Name:<br>Phone Number: (       )       - |

## V. COMMUNICATION SYSTEMS

### *Staff Notification*

A list of telephone numbers of staff for emergency contact is located at .

| NOTIFICATION  |   |                      |
|---|---|----------------------|
| <u>STAFF WILL BE NOTIFIED BY:</u><br>PHONE TREE<br>AUTOMATIC NOTIFICATION SYSTEM<br>EMAIL BLAST<br>OTHER:       | STAFF MEMBER RESPONSIBLE FOR NOTIFICATION |                      |
|   | PHONE NUMBER                              | EMAIL                |
| <u>STAFF WILL RESPOND BY:</u><br>CALLING IN TO LIVE PERSON<br>CALLING AUTO. NOTIF. SYSTEM<br>EMAIL IN<br>OTHER: | RESPOND IN NUMBER                         | AUTO RESPONSE NUMBER |
|   | PLAN TRIGGER                              |                      |

| NOTIFYING STAFF NAME: |                  |                          |                  |
|-----------------------|------------------|--------------------------|------------------|
| STREET ADDRESS        |                  | EMERGENCY CONTACT NAME   |                  |
| CITY, STATE, ZIP CODE |                  | RELATIONSHIP TO EMPLOYEE |                  |
| TELEPHONE NUMBER      | ALTERNATE NUMBER | CONTACT NUMBER           | ALTERNATE NUMBER |
| EMAIL                 |                  | EMAIL                    |                  |

| STAFF NAME:           |                  |                          |                  |
|-----------------------|------------------|--------------------------|------------------|
| STREET ADDRESS        |                  | EMERGENCY CONTACT NAME   |                  |
| CITY, STATE, ZIP CODE |                  | RELATIONSHIP TO EMPLOYEE |                  |
| TELEPHONE NUMBER      | ALTERNATE NUMBER | CONTACT NUMBER           | ALTERNATE NUMBER |
| EMAIL                 |                  | EMAIL                    |                  |

Key Contact Notification:

| NOTIFICATION  |   |
|---|---|
| KEY CONTACTS WILL BE NOTIFIED BY:<br>WEBSITE<br>AUTOMATIC NOTIFICATION SYSTEM<br>EMAIL BLAST<br>SIGNAGE<br>OTHER: | STAFF MEMBER RESPONSIBLE FOR NOTIFICATION |
|   | TELEPHONE NUMBER<br>(     )     -         |
|   | EMAIL                                     |

|                                   |                             |                                       |
|-----------------------------------|-----------------------------|---------------------------------------|
| <b>ORGANIZATION NAME:</b>         |                             |                                       |
| STREET ADDRESS                    |                             | CONTACT NAME                          |
| CITY, STATE, ZIP CODE             |                             | CONTACT PHONE NUMBER<br>(     )     - |
| TELEPHONE NUMBER<br>(     )     - | FAX NUMBER<br>(     )     - | CONTACT EMAIL                         |
| EMERGENCY NUMBER<br>(     )     - | WEBSITE                     | RELATIONSHIP TO OUR FACILITY          |

|                                   |                             |                                       |
|-----------------------------------|-----------------------------|---------------------------------------|
| <b>ORGANIZATION NAME:</b>         |                             |                                       |
| STREET ADDRESS                    |                             | CONTACT NAME                          |
| CITY, STATE, ZIP CODE             |                             | CONTACT PHONE NUMBER<br>(     )     - |
| TELEPHONE NUMBER<br>(     )     - | FAX NUMBER<br>(     )     - | CONTACT EMAIL                         |
| EMERGENCY NUMBER<br>(     )     - | WEBSITE                     | RELATIONSHIP TO OUR FACILITY          |

|                                   |                             |                                       |
|-----------------------------------|-----------------------------|---------------------------------------|
| <b>ORGANIZATION NAME:</b>         |                             |                                       |
| STREET ADDRESS                    |                             | CONTACT NAME                          |
| CITY, STATE, ZIP CODE             |                             | CONTACT PHONE NUMBER<br>(     )     - |
| TELEPHONE NUMBER<br>(     )     - | FAX NUMBER<br>(     )     - | CONTACT EMAIL                         |
| EMERGENCY NUMBER<br>(     )     - | WEBSITE                     | RELATIONSHIP TO OUR FACILITY          |



Employee Notification Plan:

#### **IV. RESPONSE**

1. Attach response plans for the following actions in Appendix A: Response Plan
  - a. Lockdown
  - b. Secure Campus/Lockout
  - c. Shelter-In-Place
  - d. Bomb Threat
  - e. Drop, Cover and Hold
  - f. Evacuation (Internal and External)
  - g. Reverse Evacuation
  - h. Missing Resident
  - i. Natural Disaster
  - j. Severe Weather
  - k. Human Caused Emergencies
2. Attach response plans for the following emergencies in Appendix B: Response Plan 2
  - a. Electricity failure including generator failure if applicable
  - b. Potable water loss
  - c. Non-potable water loss
  - d. Heating, Ventilation, and Air Conditioning loss
  - e. Fire protection systems (sprinkler, fire alarm, kitchen hood, etc.) including failure, activation and utilization of fire watch
  - f. Fuel for building operations including loss, spill, and exposure that creates a hazardous incident
  - g. Fuel for essential transportation including loss, spill, and exposure that creates a hazardous incident
  - h. Medical gas and vacuum systems (if applicable)
  - i. Communications systems failure (phone, cell phones, internet, etc.)
  - j. Essential systems (kitchen, laundry, etc)
  - k. Identified hazards (natural hazards, human based hazards, and technological hazards)
3. Attach plans for the following staff roles in Appendix C: Staff Roles and Resident Management
  - a. Staff communication plan
  - b. Staff management plan
  - c. Critical Incident Stress Management plan
  - d. Security
  - e. Public Information
  - f. Emergency food and water management
  - g. Resident relocation for both local and regional evacuations.
  - h. Logistics plan for access to critical materials
4. List Vendors, Facilities and Agencies that have Memorandums of Understanding. Attach a copy of the MOU's to Appendix D: Memorandum of Understanding.

#### **V. RECOVERY AND CONTINUITY OF OPERATIONS**

1. Attach the Business Impact Analysis to Appendix F: Business Impact Analysis.
2. Attach the Recovery Plans to Appendix G: Recovery. The plans should include:
  - a. Facilities and Equipment
  - b. Telecommunications and IT
  - c. Human resources
3. Attach the Continuity of Operations plan to Appendix H: Continuity of Operations. Continuity of Operations plan should include:
  - a. Essential Functions
  - b. Essential Records Management
  - c. Orders of Succession
  - d. Delegations of Authority
  - e. Plans to continue to provide essential services during and after a disaster.

*Inventory of Emergency Resources*

|                               |                             |       |
|-------------------------------|-----------------------------|-------|
| <b>Food Supplier:</b>         |                             |       |
| Supplier Address              |                             |       |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email |
| <b>Alternate Supplier:</b>    |                             |       |
| Supplier Address              |                             |       |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email |

|                               |                             |       |
|-------------------------------|-----------------------------|-------|
| <b>Water Supplier:</b>        |                             |       |
| Supplier Address              |                             |       |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email |
| <b>Alternate Supplier:</b>    |                             |       |
| Supplier Address              |                             |       |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email |

|                               |                             |              |
|-------------------------------|-----------------------------|--------------|
| <b>Fuel Supplier:</b>         |                             |              |
| Supplier Address              |                             |              |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email        |
| <b>Alternate Supplier:</b>    |                             |              |
| Supplier Address              |                             |              |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email Number |

|                               |                             |              |
|-------------------------------|-----------------------------|--------------|
| <b>Medical Supplier:</b>      |                             |              |
| Supplier Address              |                             |              |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email        |
| <b>Alternate Supplier:</b>    |                             |              |
| Supplier Address              |                             |              |
| Phone Number<br>(     )     - | Fax Number<br>(     )     - | Email Number |

***Resident Identification and Information System***

Separately complete this form for each resident and attach as Appendix E at the end of this document.

| <b>RESIDENT EMERGENCY PROFILE</b>   |                   |  |                                 |                                 |                               |                  |
|---|-------------------|--|---------------------------------|---------------------------------|-------------------------------|------------------|
| <b>Date of Last Update:</b>   |                   |  |                                 |                                 |                               |                  |
| Resident Name/AKA   |                   |  |                                 | Resident Current Photo Attached |                               |                  |
| DOB/Age   | Single Family     | Height   | Apr. Weight                     | Female                          | Male                          | Transsexual      |
| <b>PETS</b>   |                   |  |                                 | <b>COMMUNICATION USE</b>        |                               |                  |
| Bird  | Cat               | Dog  | Exotic                          | American Sign Language          |                               | Oral Interpreter |
| Other (briefly specify):  |                   |  |                                 |                                 |                               |                  |
| Pertinent Medical Conditions  |                   |  |                                 | Assistive Listening Device      |                               | Relay Speech     |
| Allergies: Environmental Peanut Latex<br>Shell Fish Medication (specify): |                   |  |                                 | Assistive Speech Device         |                               | Speech           |
|   |                   |  |                                 | Hearing Aid/Cochlear Implant    |                               | TTY              |
| <b>ASSISTIVE DEVICES USED (check all that apply)</b>                      |                   |  |                                 |                                 |                               |                  |
| Manual Wheelchair   | Cane              | Walker   | Eyeglasses                      |                                 | Dentures                      |                  |
| Oversized Wheelchair  | Confined to Bed   | Pediatric Wheelchair                                   | Oxygen (indicate concentration) |                                 |                               |                  |
| Motorized Wheelchair  | Motorized Scooter | Can Transfer Self to Bed or Seat with a Transfer Board |                                 |                                 | Service Dog (Name and Weight) |                  |
| <b>EMERGENCY CONTACT INFORMATION</b>                                      |                   |  |                                 |                                 | <b>Resident's Physician</b>   |                  |
| Name  |                   | Relationship   |                                 |                                 | Name                          |                  |
| Address   |                   | Phone  |                                 |                                 | Phone                         |                  |
| <b>MEDICATIONS (attach list if more room needed)</b>                      |                   |  |                                 |                                 |                               |                  |
| Name  |                   | Dosage   |                                 |                                 | Frequency                     |                  |
| Name  |                   | Dosage   |                                 |                                 | Frequency                     |                  |

*Memorandum of Understanding (attach copies for all providers/vendors):*

|                                   |            |  |
|-----------------------------------|------------|--|
| <b>Name of Setting/Shelter</b>    |            |  |
| Facility Address                  |            | Memorandum of Agreement Effective Date |
| Phone Number                      | Fax Number | Email                                  |
| Point of Contact and Title        |            | Phone Number                           |
| Alternate Contact and Title       |            | Phone Number                           |
| Will Accept this Type of Resident |            | Number of Residents                    |
| <b>Alternate Setting/Shelter</b>  |            |  |
| Facility Address                  |            | Memorandum of Agreement Effective Date |
| Phone Number                      | Fax Number | Email                                  |
| Point of Contact and Title        |            | Phone Number                           |
| Alternate Contact and Title       |            | Phone Number                           |
| Will Accept this Type of Resident |            | Number of Residents                    |

|   |            |  |
|---|------------|--|
| <b>Transportation Company</b>           |            |  |
| Company Address                         |            | Memorandum of Agreement Effective Date |
| Office Phone Number                     | Fax Number | Email                                  |
| Cell Phone Number                       |            |  |
| Type of Vehicles                        |            | Number of Vehicles                     |
| <b>Alternate Transportation Company</b> |            |  |
| Company Address                         |            | Memorandum of Agreement Effective Date |
| Office Phone Number                     | Fax Number | Office Email                           |
| Cell Phone Number                       |            |  |
| Type of Vehicles                        |            | Number of Vehicles                     |

|                                    |            |  |
|------------------------------------|------------|--|
| <b>Ambulance Company</b>           |            |  |
| Company Address                    |            | Memorandum of Agreement Effective Date |
| Office Phone Number                | Fax Number | Office Email                           |
| Cell Phone Number                  |            |  |
| <b>Alternate Ambulance Company</b> |            |  |
| Company Address                    |            | Memorandum of Agreement Effective Date |
| Office Phone Number                | Fax Number | Office Email                           |
| Cell Phone Number                  |            |  |

|                            |            |  |
|----------------------------|------------|--|
| <b>Off-Site Sheltering</b> |            |  |
| Facility Address           |            | Memorandum of Agreement Effective Date |
| Phone Number               | Fax Number | Email                                  |
| Point of Contact and Title |            | Phone Number                           |

|                            |            |  |
|----------------------------|------------|--|
| <b>Hospital</b>            |            |  |
| Facility Address           |            | Memorandum of Agreement Effective Date |
| Phone Number               | Fax Number | Hospital Email                         |
| Point of Contact and Title |            | Phone Number                           |

## APPENDIX A: RESPONSE PLAN

## APPENDIX B: RESPONSE PLAN 2



## APPENDIX C: STAFF ROLES AND RESIDENT MANAGEMENT

## APPENDIX D: MEMORANDUMS OF UNDERSTANDING

## APPENDIX E: RESIDENT IDENTIFICATION AND INFORMATION SYSTEM

\*Resident information provided in this Appendix is for facility use and will be retained within the working copy of the emergency plan. Copies of this plan provided to outside agencies will not have individual resident identification and information systems attached.

Resident identification and information system completed for all residents on .

## APPENDIX F: BUSINESS IMPACT ANALYSIS

## APPENDIX G: RECOVERY

## APPENDIX H: CONTINUITY OF OPERATIONS